

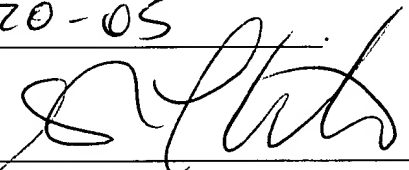


RCE
IFW

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 12-20-05


Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/558,556

Filed: April 25, 2000

Confirmation No.: 9533

Group Art Unit: 2611

Examiner: Lonsberry, Hunter B.

Docket No.: A-5703 (191930-1010)

For: Apparatuses and Methods to Enable the Simultaneous Viewing of Multiple Television Channels and Electronic Program Guide Content

The following is a list of documents enclosed:

Return Postcard
RCE Transmittal Page
Amendment Transmittal Page
Fee Transmittal Page
Credit Card Authorization - Authorizing \$790.00
Response

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Rodriguez, et al.**

Docket No.

A-5703 (191930-1010)Serial No.
09/558,556Filing Date
April 25, 2000Examiner
Lonsberry, HunterConfirmation No.
9533Group Art Unit
2611Invention: **Apparatuses and Methods to Enable the Simultaneous Viewing of Multiple Television Channels and Electronic Program Guide Content****Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450**

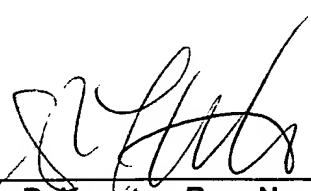
Transmitted herewith is a RCE and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36 -	40 =	0	X \$50.00	\$0
INDEP. CLAIMS	7 -	8 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$790.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Jeffrey R. Kuester, Reg. No. 34,367

Date